

## UNITED STATES DISTRICT COURT

Northern

DISTRICT OF

Ohio

TO:  
 Cuyahoga County Medical Examiner's Office  
 Attn: Custodian of Records  
 11001 Cedar Avenue  
 Cleveland, OH 44106

**SUBPOENA TO TESTIFY  
BEFORE GRAND JURY**

## SUBPOENA FOR:

PERSON  DOCUMENT(S) OR OBJECT(S)

YOU ARE HEREBY COMMANDED to appear and testify before the Grand Jury of the United States District Court at the place, date, and time specified below.

PLACE  
 Carl B. Stokes U.S. Courthouse  
 801 W. Superior Avenue  
 Cleveland, Ohio 44113

COURTROOM  
 Grand Jury Suite, Lower Level 1

DATE AND TIME  
 4/23/19 @ 9:00am

YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):\*  
 Please See Attachment.

YOU MAY SEND THE REQUESTED RECORDS, PREFERABLY IN ELECTRONIC FORMAT ON CD, VIA EXPRESS MAIL, OR OVERNIGHT DELIVERY SERVICE DIRECTLY TO SPECIAL AGENT RAO, FBI 1501 LAKESIDE AVE. CLEVELAND, OH 44114 OR IN ELECTRONIC FORMAT VIA E-MAIL TO PCRAO@FBI.GOV, AND THEREBY AUTHORIZE THE SPECIAL AGENT TO PRESENT THE DOCUMENTS TO THE GRAND JURY ON YOUR BEHALF.

Please see additional information on reverse.

This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

CLERK  
 SANDY OPACICH, CLERK

(By) Deputy Clerk  
 /s/ Robert T. Pitts



DATE

3/22/2018

This subpoena is issued on application  
 of the United States of America

NAME, ADDRESS AND PHONE NUMBER OF ASSISTANT U.S. ATTORNEY  
 Justin Seabury Gould, Assistant U.S. Attorney  
 400 United States Courthouse, 801 West Superior Avenue  
 Cleveland, Ohio 44113 Telephone: 216-622-3869  
 Special Agent Preetham Rao Telephone: 216-622-2866

\* If not applicable, enter "none".

RETURN OF SERVICE <sup>(1)</sup>		
RECEIVED BY SERVER	DATE	PLACE
SERVED	DATE	PLACE
SERVED ON (PRINT NAME)		
SERVED BY (PRINT NAME)		TITLE
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL 0.00
DECLARATION OF SERVER <sup>(2)</sup>		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.</p> <p>Executed on _____</p> <p>DATE _____</p> <p>SIGNATURE OF SERVER _____</p> <p>ADDRESS OF SERVER _____</p>		
ADDITIONAL INFORMATION		

(1) As to who may serve a subpoena and the manner of its service see Rule 17(d), Federal Rules of Criminal Procedure, or Rule 45(b), Federal Rules of Civil Procedure.

(2) "Fees and mileage need not be tendered to the witness upon service of a subpoena issued on behalf of the United States or an officer or agency thereof (Rule 45(b), Federal Rules of Civil Procedure; Rule 17(d), Federal Rules of Criminal Procedure) or on behalf of certain indigent parties and criminal defendants who are unable to pay such costs (28 USC 1825, Rule 17(b) Federal Rules of Criminal Procedure)".

Please read instructions below and provide records in non-proprietary electronic format when possible. FOR QUESTIONS please contact Special Agent Preetham Rao, 216-622-2866, [PCRAO@fbi.gov](mailto:PCRAO@fbi.gov) or Special Agent Lisa Kaplan, 216-622-6869, [LLKAPLAN@fbi.gov](mailto:LLKAPLAN@fbi.gov)

ATTACHMENT TO SUBPOENA ISSUED TO:

Cuyahoga County Medical Examiner's Office  
Attn: General Counsel or Custodian of Records  
11001 Cedar Avenue  
Cleveland, OH 44106

METHOD OF RETURN:

Fed-Ex:  
Federal Bureau of Investigation  
1501 Lakeside Avenue  
Cleveland, Ohio 44114  
Squad CV-8  
Attention Special Agent Rao or Special Agent Lisa Kaplan

OR E-Mail

[PCRAO@fbi.gov](mailto:PCRAO@fbi.gov)  
[LLKAPLAN@fbi.gov](mailto:LLKAPLAN@fbi.gov)

REQUEST FOR RECORDS

Cuyahoga County Medical Examiner's Office is requested to provide any and all Medical Examiner's Verdicts and toxicology reports for autopsy or other post mortem examination performed on body of:

**Name: Brenden Kiekisz**  
**Date of Birth: 11/18/1991**

Records include but are not limited to any documentation or history provided to the Cuyahoga County Medical Examiner's Office to assist in rendering a verdict:

- Statements or notes of transport personnel
- Statements or notes of pronouncing physician
- Statements or notes documenting resuscitation efforts
- Physician or nurses' notes
- Symptoms of which patient complained
- Deathbed statements
- Administrative reviews from Cuyahoga County Jail
- Clinical mortality reviews from Cuyahoga County Jail

RECORD FORMAT

Records are preferentially requested in the form of magnetic/digital media. Data may be provided by e-mail, on DVDs, CDs, or secure portal.

Records are requested within 30 days of receipt of this letter. A rolling production is acceptable as coordinated with requestor.

Please read instructions below and provide records in non-proprietary electronic format when possible. FOR QUESTIONS please contact Special Agent Preetham Rao, 216-622-2866, [PCRAO@fbi.gov](mailto:PCRAO@fbi.gov) or Special Agent Lisa Kaplan, 216-622-6869, LLKAPLAN@fbi.gov

Please do not hesitate to contact the investigating Agents regarding questions or concerns with respect to record volume, scope, or relevance.

**CERTIFICATE OF AUTHENTICITY  
OF  
BUSINESS RECORDS**

I, \_\_\_\_\_, declare, pursuant to Title 28, U.S.C. § 1746,  
(Name)

that I am employed by \_\_\_\_\_ and that  
(Name of Business)

my official title or position is \_\_\_\_\_. I further  
(Official Title or Position)

declare that I am a custodian of records of said business and that each of the records attached

hereto is the original or a duplicate (exact photocopy) of an original record in the custody

of \_\_\_\_\_.  
(Name of Business)

I further state that:

- A) such records were made, at or near the time of the occurrence of the matters set forth, by (or from information transmitted by) a person with knowledge of those matters;
- B) such records were kept in the course of a regularly conducted business activity;
- C) the business activity made such records as a regular practice; and
- D) if such record is not the original, such record is a duplicate of the original.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date of Execution)

\_\_\_\_\_  
(Place of Execution)